



DEPARTMENT OF HEALTH & MENTAL HYGIENE

MEDICAL CARE PROGRAM

COMPANION GUIDE FOR 837 HEALTHCARE CLAIM PROFESSIONAL VERSION 004010X098A1

May 14, 2007

Version 5

Health Care Claim Professional - 837

Introduction:

This Companion Guide contains a subset of the data content established for the Health Care Claim Transaction Set (837). This transaction can be used to submit health care claim/encounter billing information from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.).

This Companion Guide governs electronic billing of professional services on an ASC X12 837- Professional (004010X098A1) transaction. Please refer to Maryland Medicaid Billing Instructions for specific services to be billed using this transaction.

This guide is not to be used as a substitution for the 837 Health Care Claim Implementation Guide. The objective of the document is to clarify what information is needed by Maryland Medicaid where multiple values exist and specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. It is highly recommended that you do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric.

Transactions containing non ASC X12N compliant data will be rejected prior to adjudication. An ASC X12N 997 transaction will be used to convey the rejection and may include an associated reason.

Always use the 2000B Subscriber Loop (Subscriber Hierarchical Level), since for Maryland Medicaid, the Subscriber is the same person as the Patient.

HI Segment Mapping Clarification

The following provides clarification for mapping HI segments where the occurrence is 2 (or more). In instances where the HI segment occurs 2 (or more) times, it is required that all Data Elements (DEs) of the first occurrence of the HI will be used. In most cases, this provides up to 12 DEs to use to convey the appropriate information for that HI instance. For example:

Correct Mapping: HI*BH:42:D8:20041123*BH:25:D8:20020719

Incorrect Mapping: HI*BH:42:D8:20041123
HI*BH:25:D8:20020719

DHMH will only map DEs within the first HI segment and requests that any needed information to adjudicate a claim is made available in the first HI segment instance.

Transmission Considerations

Trading Partners are requested to follow the 837 Implementation Guide recommendations to limit the number of CLMs within a transaction (ST-SE envelope) to 5,000. (See section 2.8 of the 837 Implementation Guides). In cases where the Trading Partner needs to transmit several 5000 CLM files, DHMH recommends uploading the files one at a time in five minute intervals to avoid file submission problems.

Trading partners are requested to use unique Group Control Numbers (GS06) for all interchanges submitted to DHMH. This provides ease of tracking for the Trading Partner for reconciliation and easy identification for DHMH support staff for troubleshooting, identifying 997s and verifying results.

This Companion Guide can be found on the State of Maryland Department of Health and Mental Hygiene Web site at:

<http://www.dhmf.state.md.us/hipaa/transandcodesets.html>

Maryland Medicaid Companion Guide - 837 Professional Claims

LEGEND:

SHADED rows represent "segments" in the X12N implementation guide

NON-SHADED rows represent "data elements" in the X12N implementation guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
B.3			Interchange Control Header			
B.3		ISA01	Authorization Information Qualifier	00		
B.4		ISA03	Security Information Qualifier	00		
B.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up

B.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
B.4		ISA07	Interchange ID Qualifier	ZZ		
B.5		ISA08	Interchange Receiver ID			526002033MCP - Production 526002033MCPT - Test
B.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A 997 will be returned.
B.6		ISA15	Usage Indicator			T for Test Data P for Production Data
B.8			Functional Group Header			
B.8		GS02	Application Sender's Code			Agreed upon during trading partner set-up
B.8		GS03	Applications Receiver's Code			MMISCLM
B.9		GS08	Version/Release/Industry Identifier Code			004010X098A1
67	1000A		Submitter Name			
69		NM109	Submitter Primary Identifier			Same as GS02
74	1000B		Receiver Name			
75		NM103	Receiver Name			Maryland Medical Care Program
75		NM109	Receiver Primary Identifier			526002033MCP
84	2010AA		Billing Provider Name			
86		NM108	Identification Code Qualifier	XX		
86		NM109	Identification Code		10	National Provider ID
92		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
92		REF02	Billing Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
99	2010AB		Pay-To Provider's Name			If different from the billing provider (2010AA)

101		NM108	Identification Code Qualifier	XX		
101		NM109	Identification Code		10	National Provider ID
106		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
107		REF02	Pay-To Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
117	2010BA		Subscriber Name			
119		NM108	Identification Code Qualifier	MI		
119		NM109	Subscriber Primary Identifier		11	Patient's Maryland Medical Assistance Number
130	2010BB		Payer Name			
131		NM103	Payer Name			Maryland Medical Care Program
131		NM109	Payer Identifier			526002033MCP
152	2000C		Patient Hierarchical Level			This loop will not be supported by Maryland Medicaid since the subscriber is always the patient
170	2300		Claim Information			
230		REF01	Reference Identification Qualifier	F8	2	Use when replacing or voiding claims.
230		REF02	Claim Original Reference Number		17	Invoice control number assigned by Maryland Medicaid of the claim to be replaced or voided.
247		NTE01	Note Reference Code	ADD	3	
247		NTE02	Claim Note Text		1	TPL override as defined in Maryland Medical Care Program billing instructions. Override needs to be in the first position.

282	2310A		Referring Provider Name			
284		NM108	Identification Code Qualifier	XX		
284		NM109	Identification Code		10	National Provider ID
288		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
289		REF02	Referring Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
290	2310B		Rendering Provider Name			If different from the billing/pay-to level (2000A loop) provider
292		NM108	Identification Code Qualifier	XX		
292		NM109	Identification Code		10	National Provider ID
296		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
297		REF02	Rendering Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
303	2310D		Service Facility Location			
305		NM108	Identification Code Qualifier	XX		
305		NM109	Identification Code		10	National Provider ID
310		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
311		REF02	Service Facility Location Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
501	2420A		Rendering Provider Name			If different from the claim level (2310B) rendering provider
503		NM108	Identification Code Qualifier	XX		

503		NM109	Identification Code		10	National Provider ID
507		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
508		REF02	Rendering Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
514	2420C		Service Facility Location			If different from the claim level (2310D) Service Facility
515		NM108	Identification Code Qualifier	XX		
516		NM109	Identification Code		10	National Provider ID
521		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
522		REF02	Service Facility Location Secondary Identifier		9	Maryland Medicaid Assigned Provider Number